

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/521511**

FILING DATE  
**Washington, D.C.**  
**Mailroom/Storage Processing**  
**Patented Specialist**  
**(703) 305-8421**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	9	←		←		←
TOTAL CLAIMS	12					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						